

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000017850
 1. Entity Name
 SECTION 32, L.L.C.



Principal Place of Business 2750 TRAIL DAIRY CIRCLE NORTH FORT MYERS, FL 33918	Mailing Address P.O. BOX 3514 NORTH FORT MYERS, FL 33918
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DO NOT WRITE IN THIS SPACE



03152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1115753	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FALLACARA, BARBARA L
 2750 TRAIL DAIRY CIRCLE
 NORTH FORT MYERS, FL 33918

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLEMONS, NORMAN F 2750 TRAIL DAIRY CIRCLE NORTH FORT MYERS, FL 33918
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Barbara L Fallacara Date: 3-29-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #